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## STATEMENT OF

| FORM 1                                      |                           | ORGANIZ   | ZATION   |                | Office Use Only                 |
|---|---------------------------|---|--|----------------|---------------------------------|
| NAME OF COMMITTEE (in                       | full)                     | (Check if name is changed)                          | Example:If typing, type over the lines.  | 12FE4M         |                                 |
| BUILDING REI                                | _ATIONS                   | SHIPS IN DIVERSE                                    | GEOGRAPHIC ENVI  | RONMENT        | S PAC (BRIDGE PAC)              |
|   |                           |   |  |                |                                 |
| ADDRESS (number and street)                 |                           | 499 SOUTH CAPITOL ST                                | SW SUITE 422   |                |                                 |
| (Check if address is changed)               |                           | WASHINGTON  |  | DC             | 20003                           |
|   |                           |   | CITY   | STATE          | ZIP CODE                        |
| COMMITTEE'S E-MA  (Check if is changed)     | address                   | S (Please provide only one bridgepac@politicaldg.co | •  |                |                                 |
| COMMITTEE'S WEB  (Check if a is changed     | address                   | RESS (URL) www.bridgepac.com                        |  |                |                                 |
| 2. DATE 03                                  | M / D I I                 | 2012  |  |                |                                 |
| 3. FEC IDENTIFIC                            | CATION NU                 | мвек С  | C00399196  |                |                                 |
| 4. IS THIS STATEM                           | MENT                      | NEW (N) OR  | X AMENDED (A)  |                |                                 |
| Type or Print Name of Signature of Treasure | of Treasurer  John Cly er | John Clyburn  | Electronically Filed   | Date 03        | M / D D / Y D Y D               |
|   | Δ                         | ANY CHANGE IN INFORMA                               | TION SHOULD BE REPORTED  | WITHIN 10 DAYS | S.                              |
| Office<br>Use<br>Only                       |                           |   | For further information<br>Federal Election Commis<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                | FEC FORM 1<br>(Revised 02/2009) |